

# A Look Into the Future: Managed Long-Term Services & Supports

What does this mean for providers?

ADvancing States & Indiana FSSA October, 2022

### Welcome!





Why is it important for you to be here?

## Change is hard, but it's easier when we do it together.

- The system you operate in today will be different in 2024.
  - Billing and payment
  - Agency expectations
  - AAA partnerships
  - New partnerships
- To begin serving clients in a new system (2024), the dress rehearsal is key!







### Agenda

- Why is this information important?
  - Indiana stakeholder values for longterm services and supports (LTSS)
- The system today vs. the system tomorrow
  - Provider enrollment
  - Operations
  - o Claims
  - Service planning and authorization
- Opportunity for dialogue

### **Introductions**

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### Stakeholder Values



Providers, Consumers, Trade Associations, Advocacy Organizations

### LTSS in general

- Honor the varied experiences of individuals
   & provide services through a lens of person-centeredness.
- Offer choice, enhance quality, and ensure smooth transitions.

#### Provider enrollment

- Timely and consistent review processes.
- Offer education and training about services available for providers to render.





### Stakeholder Values cont'd



Providers, Consumers, Trade Associations, Advocacy Organizations

#### Provider operations

Training on incident reporting and an easily accessible portal for filing incident reports.

#### Provider claims

- Transparent, easily understandable and consistent requirements for filling out and submitting claim forms.
- Timely turnaround for connecting with customer service on claim questions or assistance with denied claims.

#### Service planning and authorization

- Service plans and utilization of services align with each participant's needs and goals.
- Reasonable response time to modify the service plan





## Today's System vs. Tomorrow's System





## Provider Enrollment Today: Fee for Service





Options Counseling

Services

Fun and the door

Still with the AAA
The "Picklist"
The NOA

Provider receives NOA

Provider begins services



## Provider Enrollment Tomorrow: MLTSS

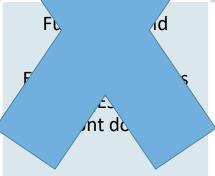




Options Plan
Selection

Assessment and Service Plan Development

**Services** 



Still with the AAA ESV helps consumer select an MCE

The "Picklist"

Available provider network and performance data

MCE care manager assesses consumer needs and enters service authorization

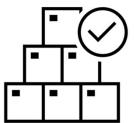
Provider receives
utilization
authorization
Provider begins
services



# **Today**: FFS Provider Compliance Requirements



- Policies and Personnel Manual
- Maintain Records of Services Provided
- Insurance
- Financial Information
- Incident Reporting
- Compliance Reviews
- Quality
- Data Collection







# **Tomorrow**: Provider Compliance Requirements



- Policies and Personnel Manual
- Maintain Records of Services Provided
- Insurance
- Financial Information
- Incident Reporting
- Compliance Reviews
- Quality
- Data Collection



Meeting provider network requirements of each MCE



# Claims Processes Today: Fee for Service



Fill out claim form for services "already" rendered

Submit claim to
Gainwell within 180
days of delivering
services

Receive payment within (avg) of 1 week upon submitting claim



# Claims Processes Tomorrow: MLTSS



Fill out claim form for services rendered

Submit claim to MCE within timeframe specified in contract

MCE will review claims to ensure services billed were authorized in service plan

Receive payment within (avg) 2-4 weeks



## Service Planning and Authorization Process **Today:** Fee-for-Service

Provider assesses consumer for interest in waiver services

Request services and hours rendered from waiver care manager Receive approval from AAA and FSSA for rendering service hours Develop personcentered service plan with participant/circle of support based on needs



## Service Planning and Authorization Process Tomorrow: MLTSS

MCE care manager assesses participant for support needs

MCE care manager develops personcentered service plan with participant based on support needs Care manager sends referral to provider; provider receives referral to start services (service authorization)

Provider delivers services consistent with the MCE service authorization Provider submits claim to MCE.
Claim must match the service authorization



## Open Q&A

### We want to hear from you!

- What are you most worried about?
- What would you like to learn more about?
- How can FSSA and ADvancing States support you during this transition?



## **HCBS** Provider Virtual Sessions

September 28	Indiana's HCBS System: A Look Into the Future
October 12	Managed Care 101
October 19	MLTSS Contracting
October 26	MLTSS Implementation: Provider Success Stories
November 9	Claims Payment
November 16	Care Management and Service Coordination
November 30	Quality and Managed Care Oversight



## Resources/Contacts

Website	www.informindiana.com
FSSA Provider Bulletins	https://www.in.gov/medicaid/providers/provider-references/news-bulletins-and-banner-pages/bulletins/
Email	informIN@advancingstates.org

